

BUSINESS REPORT

**MONTANA HOUSE OF REPRESENTATIVES
61st LEGISLATURE - REGULAR SESSION**

HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON EDUCATION COMMITTEE

Date: Wednesday, February 11, 2009
Place: Capitol

Time: 8:00 am
Room: 472

BILLS and RESOLUTIONS HEARD:

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed (PP) when appropriate:

HB 2

EXECUTIVE ACTION TAKEN:

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(failed) DPAA (do pass as amended) BC(be concurred in) BCAA (be concurred in as amended):

DP 201 WICHE/WWAMI/Mental Dental

COMMENTS:



REP. Dan Villa, Chairman

HOUSE OF REPRESENTATIVES

Roll Call

Subcommittee on Education

DATE:

[illegible]

Motion To

amend

Section 19-21-203

HOUSE OF REPRESENTATIVES

Roll Call - VOTE

Subcommittee on Education

Sen Peterson

DATE: 2/11/09

Failed -
5-2
Per -
(HR 3050 Sub 13)

<u>NAME</u>	<u>Yes</u>	<u>No</u>
Sen. Debby Barrett	✓	
Sen. Bob Hawks	✓	
Sen. Jim Peterson	✓	
Rep. Roy Hollandsworth	✓	
Rep. Cheryl Steenson		✓
Rep. William Glaser	✓	
Rep. Dan Villa		✓

Sen Hawks
motion

HOUSE OF REPRESENTATIVES
Roll Call - VOTE
Subcommittee on Education

DATE: 2/11/2009

<u>NAME</u>	<u>Yes</u>	<u>No</u>
Sen. Debby Barrett		✓
Sen. Bob Hawks	✓	
Sen. Jim Peterson		✓
Rep. Roy Hollandsworth		✓
Rep. Cheryl Steenson	✓	
Rep. William Glaser		✓
Rep. Dan Villa	✓	

Failed
4-3

AUTHORIZED COMMITTEE PROXY

I request to be excused from the Education Sub Committee - of Appropriations -

Committee because of other commitments. I desire to leave my proxy vote with:

Sen Tim Pearce

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT

AYE NO

DP 201	✓	

BILL/AMENDMENT

AYE NO

Rep. Debbie Barrett
(Signature)

Date 2/11/09

**Montana House of Representatives
Visitors Register**

EDUCATION SUBCOMMITTEE Date 2/11/09

Bill No. _____ ^{Ex Action} **Sponsor(s)** WICHE/WWAMI/MT Dental

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

Name and Address	Representing	Support	Oppose	Inf.
Linda Flynn	WWAMI	✓		
Rebecca Mattix	Vet Med Wiche	✓		
Stenie Johnson	Vet Med Wiche	✓		
Brittnee Sayler	Vet Med Wiche	✓		
Ashtley Boomer	Vet Med WICHE	✓		
Jen Haugland	Vet Med WICHE	✓		
Megan Lynch	Vet Med WICHE	✓		
Beth Hutton	Vet med WICHE	✓		
Medora Lachman-Seifert	Vet med WICHE	✓		
Penne Dawn Ciampore	Vet Med WICHE	✓		
Lindsay Klouser-Bozeman	Vet Med WICHE	✓		
Hillary Carroll	Vet Med WICHE	✓		
Dusty Dille	Vet Med WICHE	✓		
Jennifer Tobiasson	Vet Med Wiche	✓		
Avery Broumas	Vet Med WICHE	✓		
Katherine Kilzer	Vet Med - WICHE	✓		
Shauna Smith-Bozeman	Vet Med - WICHE	✓		
Tim Gibbs	Vet Med - WICHE	✓		
Jesse Olsen	Vet Med WICHE	✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

**MONTANA HOUSE OF REPRESENTATIVES
VISITORS REGISTER**

**HOUSE JOINT SUBCOMMITTEE
ON EDUCATION**

Date 2/11/09

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

Name and Address	Representing	Bill No.	Support	Oppose	Inf.
Kelsey Westveer	Vet-med wiche		✓		
Sarah Russell-Feld	Vet-med WICHE		✓		
Kara Boettcher	MediWAMI		✓		
Aimee Gough	WWAMI		✓		
JOE RUDOLF	WWAMI 1 st year class				
Jordan Schmidt	WWAMI		✓		
Rachael Spangola	WICHE		✓		
Abby Minfer	WICHE		✓		
Marta W. + 2			✓		
Randi Giddings	Re Vet WICHE		✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

2/9/2009

Chairman Villa and Members of the Joint Appropriations Sub-Committee on Education;

I write on behalf of the WAMI program that will be coming before you in the University System appropriations this week. I understand that the legislature is facing many tough decisions involving budgets this year- but I wanted to write to you as a student who was seeking to utilize this program in order that you may see some personal perspective on the issue.

I grew up in Frenchtown, Montana and have attended the University of Montana for three and a half years now. It was at this university that I discovered a passion for the field of medicine and decided to finish up my degree in biological sciences and apply to medical school at the University of Washington. My hope was that I would be able to return to Montana and work as a Family Practice doctor and help to alleviate growing medical problems that arise in rural areas of our state. I've had a lot of tough conversations with my family- and I understand how difficult it would be for me to attend medical school without this program. Even if I was granted loans, I would be so overcome with debt at the end of my residency that I would need to work elsewhere in the United States in order to pay off my loans- and may or may not be able to return to Montana to practice.

Please consider not just my case, but the case of the majority of aspiring medical students in the Montana university system, who wish to utilize WAMI to afford medical school so they may return to Montana and be a part of this beautiful state. Thank you for your time and feel free to contact me with any further questions.

Sincerely,

Tara Ness

Biology student, University of Montana

Erin Addison
1216 ½ S. Black Ave.
Bozeman, MT 59715
eaddison@u.washington.edu
(406) 231-9877

To the members of the Joint Appropriations Subcommittee on Education:

My name is Erin Addison and I am a first year WWAMI student from Great Falls. I attended Carleton College in Minnesota for my undergraduate degree in chemistry, not with the attitude of wanting to leave Montana, but with the thirst to explore something new and different. If anything though, leaving for 4 years made me realize even more the reasons why I hope to end up in Montana- the people, the landscape, and the snow. For me, the WWAMI program has been a perfect fit. Spending my first year in Bozeman has helped cement my desire to return to Montana and has also allowed me to appreciate some of the factors that make our health care situation unique.

Montana is a rural state, with a significant elderly population and a demographic of physicians that is one of the oldest in the nation. Montanans need healthcare and subsequently need physicians who want to cater to the unique position Montana is in. I strongly believe that the WWAMI program is set up to address these issues. The WWAMI program attains a significant return rate, and an even higher one, nearly 55%, when considering WWAMI students from other states that end up practicing in Montana. Offering Montana students the opportunity to learn in the context of one of the highest ranked primary care programs in the country, WWAMI helps to bring physicians with some of the best primary care training possible back to Montana. WWAMI also gives students from Idaho, Alaska, Washington, and Wyoming the chance to spend time in Montana, and to become enamored with the wonderful people and many attributes our beautiful state has to offer.

Furthermore, with our implementation of the TRUST program, WWAMI is continuing to focus on educating students who not only want to return here, but who want to work predominately as primary care givers in rural, underserved communities. The Montana Rural Physician's Incentive Program (MRPIP), which is funded by medical students, (we each pay just over \$4,000 per year to this fund) also allows for Montana to recruit physicians to specific areas of need throughout the state. This is in contrast to loan payback programs in other states that often fail to effectively distribute physicians to communities that need them the most.

I recognize that you have difficult decisions ahead of you in this time of economic downfall; however, I implore you to consider the importance of the WWAMI program. I believe that decreasing funding or slots for students in the WWAMI program would be detrimental to Montana in the long term, and would exacerbate the difficult health care issues we face today and will encounter in the future. Thank you for your time and for the deliberation that you give to the many decisions you must make. Please feel free to contact me with any questions or concerns.

Sincerely,
Erin Addison, MS-1

I am writing this in response to the proposal to cut funding to WWAMI and WICHE. I believe these programs greatly benefit many Montanans and we have a true need to keep such resources available to Montanans. Both programs do more than just benefit the Montana medical students who utilize them. Many of the physicians practicing in Montana have obtained their medical degrees through these programs; therefore, they impact entire communities. WWAMI and WICHE offer more than just the numbers behind them. Here are my beliefs as a potential candidate for both programs:

Being a Montana native, I cannot help but truly love this state. Its beautiful atmosphere and friendly people have created a great environment to live in. Here I have learned the importance of respect, kindness, and possibly even more important, the need for active community members and leaders.

I have never had the desire to leave Montana, but to realize my dream of becoming a physician I have no other choice. However, because Montana does not have its own medical school it has developed programs to help students like myself. WICHE has helped so many Montana medical students attend out-of-state medical schools without the financial burden. This program has helped Montana students get through medical school with less debt so that they can return to Montana as physicians and practice in underserved areas. WWAMI is another program that provides medical students great hope in getting back to Montana. WWAMI eases the financial burden (similar to WICHE), but also keeps us in Montana longer as physicians in training. Our first year with WWAMI is in Bozeman, where we are able to be active in that community. WWAMI programs, such as ROUP, TRUST and WRITE, allow students to serve in rural areas of Montana throughout the course of their medical training. There are also opportunities to return to Montana for clerkships and internships.

Unfortunately, in the midst of our economic crisis, these valuable programs are at risk of being cut. As a student applying to WICHE participating schools and the University of Washington through WWAMI, I am highly concerned for my future. While the financial pressures alone would not prevent me becoming a physician, it could ultimately impact where I choose to practice. While I dream of returning to Montana with additional knowledge and practicing in a community I love, this may not be a reality without programs such as WWAMI and WICHE.

There are many current Montana medical students facing the same issues as I am and many more that will be pursuing these opportunities in the future. WWAMI and WICHE are the two most valuable programs Montana medical students have to help them realize their dreams. Cutting the funds for WICHE and WWAMI would have severe repercussions on the physician shortage in Montana. Removing slots from the WWAMI program will potentially keep qualified Montana medical students from becoming physicians and returning to Montana to practice.

I believe these are justifiable concerns that most, if not all, Montana medical students have. I have spoken with WWAMI physicians and currently enrolled WWAMI students that all understand the importance of these programs. I hope we can count on your support in advocating to keep these valuable resources in place. We absolutely need more physicians practicing in Montana, and these are the most advantageous programs addressing our physician shortage.

Montana is the only place I have ever called home and I hope I can return home as a practicing physician!

Nathan Cook
2007 Tammany St
Anaconda, MT 59711

February 9, 2009

To Whom It Concerns:

I have become aware that a cut to WICHE and WWAMI funding has been proposed. As a student currently applying to medical school (both WICHE and WWAMI schools), I am deeply concerned. Below you will find key arguments for keeping funding intact for both programs.

- 1) If funding is cut, fewer students from Montana will be admitted to medical and dental schools. The competition for admission is fierce, with states giving priority to their own residents. The WICHE and WWAMI programs allow certain medical and dental schools to give priority to or even save a number of spots for Montana residents. Without these programs, Montana applicants have to compete with thousands of other out-of-state applicants for significantly fewer spots (usually 10-20 per school). Nationally, about 55 students from Montana are admitted to medical and dental school each year, with over half entering WWAMI/WICHE programs (20 WWAMI, 11 WICHE). Montana students will have a significantly harder time attending professional school if either of these programs is cut.
- 2) Students hoping to go to medical school choose to attend the Montana University System because of WICHE/WWAMI availability. If funding is cut, students may consider attending more prestigious, out-of-state universities to increase their chances of getting into medical, dental, or other professional schools. Without WICHE and WWAMI there is little incentive for students to stay in-state for their undergraduate education and some may actually consider staying to be a disadvantage.
- 3) Forty percent of Montana WWAMI students and fifteen percent of other WWAMI state students return to practice in Montana. The WWAMI program gives unique insight into healthcare delivery in Montana and makes the state's healthcare needs seem more personal. The returning students are essential to continuing our standard of healthcare, as Montana has the oldest physician workforce in the country. The WWAMI program and its training provide incentives for physicians to return, while students who train at other schools and in other states have little reason to come home.
- 4) Finally, WICHE is not just a program for medical students. Cutting WICHE funding means cutting the number of Montana students who enter veterinary, medical, dental, optometry, and podiatry schools, in addition to other medical training programs. Montana's entire healthcare system would be affected by a reduction in this program.

This is not an exhaustive list of arguments in favor of these programs, but my hope is that they are enough to prevent funding cuts. The beneficence of the WICHE and WWAMI programs to Montana's healthcare system and future health professions students cannot be overstated. I genuinely hope the decision is made to keep full funding for both of these programs. Thank you for your time!

Sincerely,

Dorothy Sizemore

915 Jack Rabbit Lane
Whitehall, MT 59759

Dear Montana Senators and Representatives,

As a current WWAMI student and 4th generation Montanan, I am seriously concerned that the Montana State Legislature is considering reducing the number of WWAMI seats at the University of Washington (UW). My goal is to convey the importance of this program to our state and its communities.

As part of my third-year training, I spent five months working in Lewistown, Montana through a rural/underserved WWAMI program that sends a student to this site each year. Through this program, students provide quality healthcare to the local population and gain insight into the life of a rural, primary care physician. It was rewarding to provide family care that began with grandparents and continued through the delivery of their grandchildren. This integrative experience led to invitations by local residents to spend time cattle branding, horseback riding, fly-fishing, biking, and even running in the Bill Barry Race. As a result of this opportunity, Lewistown is no longer just a dot on the map of Montana, but is at the top of my list of future places to live and work.

WWAMI provides a unique opportunity for Montana students to be trained at one of the best medical schools in the nation (ranked #1 in primary care for 15 consecutive years). In addition, about 40% of these students choose to return to Montana, and another 15% of students from other WWAMI states move to our state after completing clinical rotations here. Furthermore, WWAMI and WICHE students directly fund the only loan repayment program in Montana designed to attract physicians to work in our underserved areas – the Montana Rural Physician Incentive Program (MR PIP). With tremendous medical school debt, many physicians could not afford to serve these communities without this program. MR PIP would be diminished proportionally to any reduction in the number of Montana WWAMI students.

Our first year of WWAMI education attracts faculty and revenue to MSU and the local Bozeman community. Our WWAMI students also volunteer for projects around the state. Though our second year is spent in Seattle, most WWAMI students return to Montana to complete clinical rotations during their third and fourth years. Several WWAMI students are currently in the early process of beginning a continuity clinic in Missoula. The activities associated with these rotations also help maintain quality healthcare for Montanans. The 250 Montana physicians associated with WWAMI gain free, unlimited access to many medical resources through UW that would normally be expensive for individual physicians and hospitals. These physicians and healthcare providers benefit further from the challenge of teaching inquisitive medical students. Montana WWAMI physicians also gain direct access to consultation and advice from UW specialists. Additionally, UW faculty often visit Montana to provide information and lectures to healthcare providers.

I am near the completion of my WWAMI education and the actions taken by this legislature will not directly affect me. However, I am making this request to preserve Montana WWAMI as it currently stands on behalf of Montana's students, future Montana physicians and for the future of Montana's healthcare system. While all states are

struggling economically, other WWAMI states have managed to recently expand the number of students in this program. Montana is only asking to maintain its current level of participation.

Thank you for your time and patience.

Sincerely,

Christina S. Marchion, MS-4

08 February, 2009

RE: WWAMI Regional Medical Education Program

Dear Colleagues,

I am writing all of you regarding an important matter for your consideration in the very near future. I am writing about the WWAMI Program which has been unique to our country and successful in educating not only medical students from each state, about half of whom have returned to practice in their respective states, but also trainees from the University of Washington, some of whom have been so impressed with their clinical experiences in these states that they have returned there to practice. My wife and I are both examples of the latter group.

Both of us were UW residents in internal medicine and were both assigned WWAMI rotations – she in Livingston and I in Missoula. We both went on to specialty training at the UW in pulmonary and critical care medicine (PCCM). I went on to an extensive academic career at the UW (where I taught many Montana WWAMI students) and UCSD, and she went into clinical practice, first in the Seattle area and later in San Diego. As luck would have it though, based on our experience in Montana years ago, we often talked of returning. Well, we have done that and are in practice in Bozeman. I am also working with Dr. Linda Hyman as Associate Director of WWAMI, based at MSU

The point of my story is that I can't think of a more innovative and enduring medical education program in the country which works on many levels, the most important of which is to retain or bring excellent practitioners to our state. I strongly urge your ongoing support of WWAMI especially in these trying financial times when the health of our community is even more important in our priorities.

Warm regards,

Robert B. Schoene, M.D., F.A.C.P.

Clinical Professor of Medicine

University of Washington, School of Medicine

Associate Director, WWAMI at MSU

Pulmonary and Critical Division

Bozeman Deaconess Hospital

Courtney Iverson Hathaway
32200 Slocum Ln.
Potomac, MT 59823

My name is Courtney Iverson Hathaway; I was raised on my family's cattle ranch in Potomac Montana about 30 miles outside of Missoula. Growing up in a small town I realized at an early age that everyone had a role in the community and they were there to support each other. I knew someday I wanted to be a valued member of my small town just like my parents and neighbors were to theirs. I first became fascinated with medicine in the fourth grade, when Mrs. Sharkey let us dissect cow eyes and pig hearts that my mom brought to school after a day of butchering on our ranch. In eighth grade, I joined the Greenough-Potomac Volunteer Fire Department as a cadet, holding stop signs, flashlights, and the occasional backboard and on my 18th birthday I received my EMT-First Responder Ambulance certification. I've responded to the homes of my friends and family during some of the most tragic and trying times of their lives, and I've been embraced by perfect strangers in thanks for doing what little I could to help them. These strangers have inspired me the most to follow my dreams and become a primary care physician.

Most people would consider Bozeman, Montana, a nice, quiet town, but it is a buzzing metropolis compared to Potomac. Leaving the ranch and my small community to study pre-medicine at Montana State University offered a world of opportunity and I felt like I was one step closer to my goal of becoming a doctor. I grew up hearing about the WWAMI program and what a great opportunity it is for Montana residents to attend the University of Washington's School of Medicine at an affordable price. Being the daughter of a rancher I knew all too well what it felt like to be "land rich" and dirt poor. I knew if I did get into medical school I would be paying for it on my own with loans and I'd paying those loans off for a long time. The WWAMI program offered a beacon of hope that I could get a great medical education from one of the finest primary care programs in the country, and be able to go into the specialty I loved after graduation, not just one that would pay well. More importantly I would have the opportunity to come back and practice in the state where my family roots are.

Thankfully I got accepted to the WWAMI program and it has been an absolutely amazing experience so far. I am getting a unique perspective on the health care situation in Montana through the Rural Health Care class and by shadowing in primary care clinics in and around the Bozeman area. I am making contacts with physicians and other medical students here in the state who will serve as great resources in the future. This summer I am really looking forward to participating in the Rural Underserved Opportunities for Physicians (RUOP) program for four weeks. By forming a relationship with a primary care doctor in a small Montana community I will gain an amazing amount of insight into the way rural medicine really works and what role the physician plays in the community. I hope to have the opportunity to come back and do some of my third and fourth year rotations around the state and can't wait to see what doors open up for me in the future as a Montana physician because of my experiences with WWAMI.

Thank you for your time and consideration.

Sincerely,

Courtney I. Hathaway

Hello, my name is Shalina Mirza. I am a recent graduate from MSU-Bozeman. I had the pleasure of being born and raised here in the Gallatin Valley. I come from an under-privileged family and am the first in my family to graduate from college. I am applying to medical school this year with the dreams of being a primary care physician in Montana. My top pick for medical school is the University of Washington through the WWAMI program. University of Washington not only ranks #1 in primary care education, but it allows me to stay in the state where I was raised and love so much. Also, with Montana WWAMI's new TRUST program, I will be able to focus on rural practice, and not lose site of Montana throughout my medical school education.

By cutting the positions for WWAMI/WICHE/Minnesota Dental, you are giving me the impression that Montana is not serious about educating, recruiting, and retaining healthcare professionals. I know this is not true about Montanans. Everyday I am working to be a part of our state's healthcare reform. Our state has made huge strides in healthcare, please do not take this step backwards.

Sincerely,
Shalina Mirza

KayCee Gardner
Box 257
Hammond, MT 59332

My name is KayCee Gardner and I am a first year medical student in the WWAMI program at Bozeman. I grew up on a ranch in Southeastern Montana, approximately 45 miles from Broadus. One of the main reasons I decided to enter the field of medicine was as a result of the values possessed by the residents of my small town. Their dedication to each other and the community was inspiring and I always knew I wanted to be an integral part of a similar environment. When I began researching medical schools, I immediately knew that the University of Washington WWAMI program would be a perfect fit for me because of their emphasis on training rural and underserved primary care doctors. The statistics speak for themselves; the University of Washington School of Medicine has been the number one school for primary care for over the last decade.

Soon after I was accepted to WWAMI, I learned of a new program called TRUST. This program, which stands for Targeted Rural and Underserved Tract, allows students like myself who are interested in rural or underserved medicine to experience what it is like to practice medicine in these areas. Furthermore, it provides each student with a mentor to help aide them through medical school and also helps place students into a residency program with an emphasis on primary health. Soon after I was accepted to the program, I was matched with a community and a local doctor that I would spend time with prior to starting medical school, during the summer following my first year, and possibly even for five months during third year clinical rotations. My TRUST experience is centered in Lewistown, Montana with a family physician named Dr Laura Bennett. I spent two weeks there last summer and feel that I have already forged ties with the community and its people. I strongly believe that my experience in this small town hospital has better prepared me for my future as a rural doctor. It has provided me with the opportunity to experience a large variety of illnesses in a hands-on fashion. Furthermore, I was able experience the inner-dynamics of a small community and how the health care system is integrated. I am already looking forward to my experience this summer and feel very blessed to have Dr Bennett as an adviser to help me throughout my medical school career. My experience in Lewistown gave me an important insight into the workings of small town medicine and excited me for my future as a primary care physician in a similar community someday.

The WWAMI program has provided me opportunities for education and clinical experience that I could not have experienced at any other school. I am especially grateful that this program allows me to return to Montana during my third and fourth years of clinical rotations and experience rural health care which will be vital in helping me transition back to Montana as a practitioner in the future.

Thank you for your time and consideration,

KayCee Gardner

Hello. My name is Adam O'Brien. I recently graduated from Montana State University and am in the application process to medical school. I just want to voice my concern regarding the legislature's proposed cut in WWAMI/WICHE seats. I feel that a cut in those seats would be a step in the wrong direction for Montana. Considering the fact that 40% of MT-WWAMI grads come back to Montana and 15% of partner WWAMI grads come to Montana, the cut would be detrimental to health care in Montana. In addition, the WWAMI program contributes to MT healthcare through programs such as R/UOP as well as the MT clerkships and tracks. These programs introduce a great number of students to Montana and also attract many to rural areas, where access to healthcare is extremely limited. With the current physician shortage expected to worsen, the legislature's proposal would only contribute to the problem, especially in MT where the physician population is the oldest in the country. I do not know all the details about the cost of the program. However, I know that the cost of losing these seats would be much greater and Montanans would pay for it with a lack of quality physicians and decreased access to quality care. As Montanans, we cannot afford to lose WWAMI/WICHE funding.

Please pass this on to any appropriate individual. I hope this helps highlight the sentiment shared by so many informed Montana residents.

Thank You,

Adam O'Brien
221 West Grant St.
Bozeman, MT 59715
406-560-3521

To Montana State Appropriations Committee:

I am writing today about the budget meeting taking place on Wednesday February 11, 2009. Specifically this meeting will be deciding the number of Montana WWAMI and WICHE seats available for future classes of matriculating premedical students from schools across Montana. I would urge the appropriations committee not to drop any of the seats that are presently available for several reasons.

The first reason that it would be a bad idea to drop funding of these seats is the economic impact that decision could have. Students looking to apply to colleges as undergraduates make their decision based on several criteria. Students looking into pre health majors are always interested in a universities acceptance rate into medical schools. Last year that acceptance rate was somewhere around 77% for MSU due in part to the 20 WWAMI seats, 8 MD/DO WICHE seats, 3 DDS WICHE seats, 3 WICHE seats for optometry/podiatry/occupational therapy and 9 DVM WICHE seats. That number is impressive to say the least and if application rates were studied it is my opinion that many students from around the west would be attracted to MSU for this reason. The economic benefit of getting more pre health undergraduates at MSU would be immediate for the university as well as the state of Montana. The inflow of revenue to Montana would continue all four years they were here- five years if they obtain residency before attending classes. Also, the first year of WWAMI is completed in Bozeman so that would be six years of stimulus from that one person who would not have attended without such an outstanding medical school acceptance rate. That rate is due to programs like WWAMI and WICHE that allow a larger population of students to consider medical school as an option.

Currently, 40% of MT-WWAMI grads come back to practice in the state and 15% of partner WWAMI location grads come to Montana to practice. With 20 seats available to WWAMI funding that means that each year a WWAMI class graduates from medical school eight new physicians will be returning to Montana to begin their practice. With the present system (like it or not) health care makes up somewhere around 20% of the national GDP. WWAMI and WICHE specifically try to get physicians into underserved areas and these areas will directly benefit from some type of economic boost due to the presence of a medical practitioner. Also, there is a nation-wide physician shortage and Montana has the oldest physician workforce in the country. These factors make for a great demand for medical professionals in the near future.

I would also include my support specifically for the WICHE program. One option, upon completion of undergraduate studies, is application to an MD/PhD program which the University of Washington does have. The WWAMI program is not suited to an applicant of this sort of program because the availability of MD/PhD job opportunities would be greater in a larger city than in rural Montana. Any student wishing to embark on such an endeavor should have all the support that can be given by the state of Montana because of the potential rewards such a profession could yield. The legislature of Montana has a great opportunity to show its support of higher education for its residents. In my class of undergraduates I do not see a person who would not be grateful and indebted to the state for such assistance. In the recent presidential election Montanan's voice was heard and that voice was in support of higher education with the renewed passage of the University system levy. As our legislature you serve the people of the state of Montana and it seems clear that your constituency is willing to pay a little extra to support student's education; wouldn't it make sense for you to follow our lead on this one?

The final reason I have for you to retain these seats is that I am considering the use of such programs in order to be able to afford the cost of medical school. I have been a resident of the state of Montana for three years and will be eligible to use the programs upon graduation in May of 2010. I am originally from the state of Idaho, and had I decided upon my career choice earlier, I would probably be writing the Idaho legislature asking for the retention of the seats due to the economic conditions at present. These conditions will come and go with time, so it is important not to make short term fixes that although currently might alleviate the stress on the budget would, in the future, have an overall negative impact on the economy of Montana.

Sincerely,

Philip Gardner

In response to proposed budget bill HD2 that will, among other things, cut major funding to WICHE and WWAMI Montana -Montana's partnership with the University of Washington school of medicine- the authors of this missive, Matthew Taylor and Molly Bruggeman, two Post-Baccalaureate Premedical students at Montana State University in Bozeman who are currently applying to medical college, wish to address our concerns regarding the implications of such a decision. We implore the readers of this letter to consider the ways in which cutting any WICHE and WWAMI-Montana funding would devastate the future quality of health care in our state.

Firstly, Montana is exceptionally lucky to be part of WICHE and WWAMI through the University of Washington School of Medicine. UWSOM has been the nation's number one primary care institution for over eighteen years, and is this nation's 4th largest research academy for medicine. We are grateful indeed to fall under the aegis of such a prestigious institution. Furthermore, WWAMI, through its rural tracks such as the Montana TRUST program introduces many young physicians to the importance of practice in rural parts of Montana. The graduates of WWAMI-Montana program and the WICHE students make up a significant portion of Montana's physician workforce. At least 40% of MT-WWAMI grads come back to practice in the state. Currently, Montana has 20 WWAMI seats, 8 MD/DO WICHE seats, 3 DDS WICHE/MN seats, 3 WICHE seats for optometry/podiatry/occupational therapy, and 9 DVM WICHE seats.

We rely on our WWAMI and WICHE graduates to populate our Montana physician workforce. This country faces a nation-wide physician shortage. But in many ways, Montana's health care system is under an even greater strain; Montana has the oldest physician workforce in the country. Restricting the number of WWAMI-Montana and WICHE seats will decrease the number of health professionals in and from our state. Without another in-state option, Montana's top medical school picks will be more likely to contribute to the already blossoming medical communities of urban areas. In response to a similar shortage, the Idaho legislature recently increased funding to the Idaho WWAMI branch, increasing Idaho's seats from 18 to forty persons to supplement the number of future practitioners in that state. As Montanans currently committed to health care, specifically health care in Montana, we find it only in the state's interest to continue our commitment to high-quality medical education. In a world of highly specialized physicians, Montana already struggles to compete with huge facilities such as the Mayo Clinic, or Virginia Mason Hospital. We cannot depend on Montana's inherent assets to continue to lure out-of-state physicians, especially if we fail to send the message that we ourselves do not feel motivated to educate our own sons and daughters.

Also, we feel that Montana's primary care providers are under enough duress in the status quo. Already, many patients are waiting months to see a provider. Urgent care and community health are often forced to turn away walk-in patients, who then resort to emergency room departments for basic care. Primary care seems to be most affected. An internist in Bozeman has said to the both of us that she would hire "10 primary care internists today if only there were any." Our emergency centers should be just that; centers for high quality, emergency treatment when you need it the most.

Please make no mistake; putting our burden on Montana's already stretched health care services would significantly lower the attractiveness of our state as a place to live and practice. This can only have serious consequences for our residents who deserve cutting edge medical care.

Thank you for your time,
Sincerely,
Matt Taylor & Molly Bruggeman

Matt is a Helena native and Montana resident. He currently works as a phlebotomist at Bozeman Deaconess Hospital. He is a graduate of University of Puget Sound in Tacoma Washington, where he studied Humanities. He is a post-baccalaureate premedical certificate student at Montana State University, Bozeman.

Molly is a Bozemanite, and a graduate of International Development at McGill University in Montréal. While pursuing her post-baccalaureate premedical certification she is researching the roll of transglutaminase in inflammatory diseases, and is the head of the Health Program Committee for Engineers Without Borders at Montana State University.

I heard at dinner tonight that the appropriations committee is currently considering cutting a large number of WWAMI-Montana and WICHE seats. Please find a way to continue the present level of WWAMI-Montana and WICHE funding. Montana cannot afford to lose even one seat. We have a physician shortage now, especially in primary care.

I have been a working RN since 1970. I have never seen such a shortage in physicians in Montana. The primary care doctors that I know through my work are overburdened and overworked by a huge patient load. They say that they would hire many more primary care doctors today IF there were any available!

My daughter is in premedical studies at Montana State University in Bozeman after completing her B.A. in three years. My husband and I are about to retire. After this year we cannot afford to help her financially, as we need to try to pay for her younger sister's college education. Without the possibility of receiving a WWAMI medical education, our eldest daughter will assume enormous and unprecedented amounts of debt. Although her medical interest lies in primary care for Montanans, she may have no choice but to practice medicine outside of Montana for many years, in order to repay her loans.

We are counting on each of you to help us out.
Our thanks,

Mary Jo Ludwig, R.N.

Office of Public Instruction
Denise Juneau, Superintendent
www.opi.mt.gov

Accreditation Division – Assistance to Montana
Schools Accomplishments
January 2009

The 2007 Montana Legislature appropriated \$1.8 million to the Office of Public Instruction (OPI) to provide technical assistance to K-12 schools in six curricular areas including middle school/at risk, communication arts, mathematics, science, library media and early childhood.

The appropriation supports the work of these curriculum specialists to develop resources for teachers and administrators based on research-based proven practices in curriculum and classroom instruction, deliver high-quality and relevant professional development, facilitate the revision of the state content standards on the cycle adopted by the Board of Public Education (BPE), and assist with the development of model curriculum and classroom assessment tools to measure student progress toward meeting the standards.

The 2007 Montana Legislature provided funding to assist Montana schools in improving teaching and learning for all. The Performance Measures for Assistance to Montana Schools include:

- Develop model curriculum in Science (Content and Performance Standards were revised in September 2006) and model curriculum for Full-Time Kindergarten and disseminate to Montana Schools
- Revise content and performance standards in two academic content areas and disseminate to Montana schools
- Provide on-site assistance to Montana schools using effective schools research and peer reviewers. Curriculum specialists will assist Montana educators in the revisions of their Five-Year Comprehensive Education Plans and meeting accreditation standards.

I am pleased to report to you that we have completely achieved the second performance measure and will completely achieve the first and third performance measures by the end of this fiscal year.

Hire Six Curriculum Specialists- I can report to you that, while we have had recruitment challenges, we have hired five of the six curriculum specialists.

Frankly, the challenges lie in the area of competitive salaries. Our goal is to hire master teachers with experience in standards and curricular work. As you see, four candidates declined our job offers because they make higher salaries in their school districts.

- July 1, 2007 - Advertised position vacancies for six curriculum specialists: Library Media, Communication Arts, Mathematics, Science, Early Childhood and Middle School/At Risk
- Position vacancies filled:
 - August 2007 - Library Media
 - January 2008 - Middle School/At Risk